

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		06-06-01
O.I.P.E. CLASSIFIER	W		06-06-01
FORMALITY REVIEW	MD	932	08-01-01
RESPONSE FORMALITY REVIEW	MD	Jerry	03/29/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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029  
05/01  
02  
31-9/02